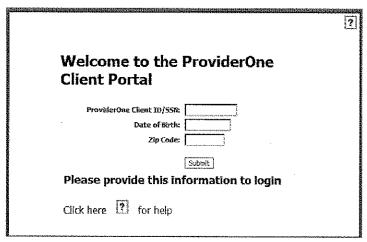
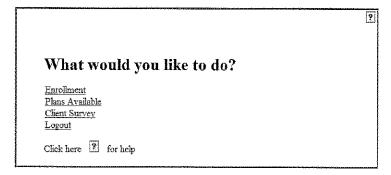


## How to Change Enrollment in a Healthy Options Plan Using the ProviderOne Client Web Portal

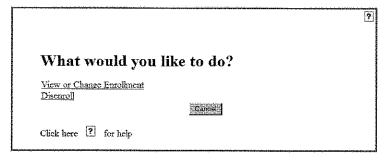
- Go to <a href="https://www.waproviderone.org/client">https://www.waproviderone.org/client</a>
   Note: You cannot access this website from a DSHS or HCA networked computer.
- 2. Enter the client's ProviderOne ID Number (123456789WA) or Social Security number, Date of Birth, and Zip Code and click *Submit*.



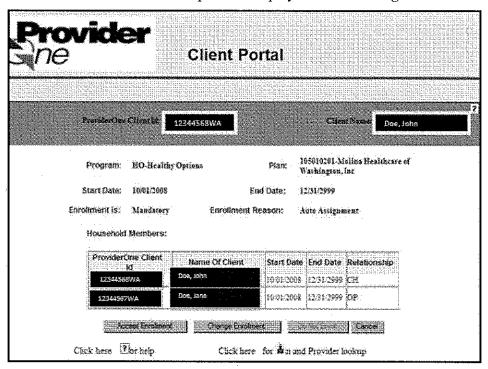
3. Click Enrollment.



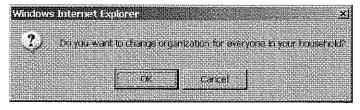
4. Click View or Change Enrollment. Do not try to disenroll using this tool.



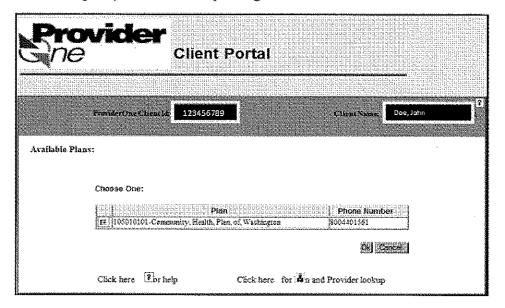
5. Client information and current plan are displayed. Click Change Enrollment.



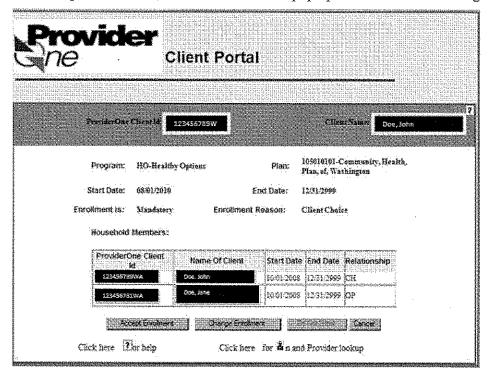
NOTE: If there is more than one person in the household, the pop up box below will appear. Click *OK*. Everyone in the household must have the same plan. There are some exceptions. Please call Medicaid customer service at 1-800-562-3022 for help.



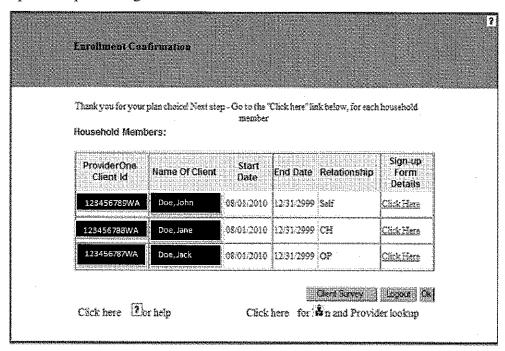
6. Choose the plan your client is requesting and click Ok.



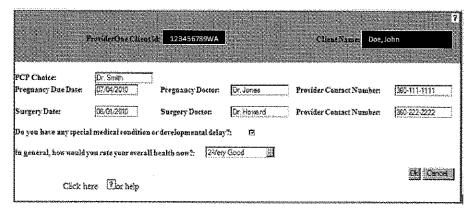
7. Click Accept Enrollment, then click OK in the pop up box to make this change effective.



8. To enter the patient's primary care provider, or pregnancy or surgical information, click *Click Here* in the *Sign-up Form Details* column. If you choose not to enter that information click *Ok* to complete the plan change.



9. If you choose to enter additional information for each household member, we send the information to the health plan to help with PCP assignment and care coordination. Enter the applicable information and click *Ok*. Do this for each household member.



- 10. When finished entering details click Ok.
- 11. Click *Logout* on the Enrollment Confirmation screen to end the session.



## **Healthy Options Assignment Process**

Healthy Options eligible client categories are assigned to plans on a daily basis. The effective date of assignment to a health plan is always prospective beginning the first of each enrollment month. The categories include:

- TANF families
- Children under age 19 including those in the CHIP program
- Federally qualified pregnant women
- Categorically Needy Blind/Disabled not eligible for Medicare and not residing in an institution or receiving long-term care services through Aging and Disability Services Administration (ADSA)

The daily assignment process gives each client at least 10-days notice to accept the health plan assigned or change health plans.

- Exceptions to the 10-day notice are:
  - Clients with a break in Medical eligibility of less than two months
  - Newborns whose mothers were enrolled with a plan at the time of delivery

The ProviderOne payment system has five categories of clients in the assignment process.

- 1. New clients who have never been in the system or have not been eligible for medical services in the previous 12 months.
  - The Health Care Authority (HCA) assigns new clients to an available health plan in their area and sends the client a Healthy Options Medical Benefit handbook which includes:
    - A letter explaining which plan the client is assigned to and other available health plans
    - · How to change to a different health plan if needed
    - A complete description of the managed care program
    - Information about all the available health plans
- 2. Clients with a break in medical service eligibility between 2 and 12 months.
  - HCA sends these clients an assignment letter. The letter tells them which plan
    they are assigned to, how to change to different plan if needed and how to get
    the Healthy Options Medical Benefit book for more information.
- 3. Clients who move to an area where the previous plan is not available.
  - HCA sends these clients an assignment letter. The letter tells them which plan
    they are assigned to, how to change to different plan if needed and how to get
    the Healthy Options Medical Benefit book for more information.
- 4. Clients linked to other enrolled family members including newborns whose mothers were enrolled in a plan at the time of delivery.
  - HCA sends these clients an assignment letter. The letter tells them which plan
    they are assigned to, how to change to different plan if needed and how to get
    the Healthy Options Medical Benefit book for more information.
- 5. Clients with a break in eligibility for medical services of less than two months.
  - HCA reconnects these clients to their previous plan effective the next prospective enrollment date without any notice.

## **Changing Health Plans**

The effective date of any health plan change is the first of the next enrollment processing month. The HCA health plan assignment will remain in place for clients who do not respond to notices or do not make changes.

- Retroactive changes to health plans are not allowed.
- ProviderOne shows the current day's enrollment and should be verified with each visit before providing services to clients.
  - Clients may be enrolled in health plan "A" when eligibility is checked on the
    last day of the month but could change to health plan "B" effective the first
    day of the next month.
  - Changes for the following month must be made before the cut-off date. The cut-off date for changes is the business day before the last business day of the month.
- There are several ways to change health plans. Clients can start using the Client Portal and the automated Interactive Voice Response (IVR) system on May 30, 2012 for the July 1 effective enrollment date.
  - Use the ProviderOne Client Portal at https://www.waproviderone.org/client.
  - Use the HCA automated IVR system. Call 1-800-562-3022, press 6 for client services, and then press 2 for health plan enrollment.
  - Complete, sign, and fax the *Enrollment Form* (13-862) to 1-866-668-1214. Please fax them one by one without a cover sheet.
  - Mail the completed Enrollment Form to:

Health Care Authority PO Box 45505 Olympia, WA 98504.

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